

APPLICATION

A. Basic Applicant Information

APPLICANT ORGANIZATION

1. Organization (legal applicant name):

2. Organization Mission:

3. Organization Type: (Select all that apply: For-profit entities are ineligible as are organizations not benefitting Montanans)

☐ Faith-based

☐ Non-profit

☐ Tribal Council

☐ Education

☐ Government

☐ Other: _____

4. Street Address/City/State/Zip:

5. Federal Tax Identification Number (Employer ID Number - EIN):

PROJECT MANAGEMENT

6. Project Leader:

7. Street Address/City/State/Zip:

8. Email:

9. Phone:

AUTHORIZED AGENT TO SIGN CONTRACTS

NAME & TITLE (print): _____

SIGNATURE & DATE: _____

B. Project Details and Narrative

1. Project Title:

2. Inclusive Service Project Location(s) (Complete Address):

3. Inclusive Service Project Date(s) and Time:

4. How many people will be involved in the planning of this service project?

5. Who will be involved in the planning of this service project (ages, demographics – be specific)?

6. Describe the community need your project addresses:

7. Describe your project plan and how it supports Montanans to be Winter Ready:

8. Describe how your project will be inclusive (ages, demographics – be specific):

9. Identify the anticipated total number of volunteers who will participate in your project:

Disadvantaged children and youth	
College students	
Veterans	
Baby Boomers, 55+	
Tribal	
Self Disclosed Individuals with Disabilities	
Other - Please List	
Other - Please List	

10. How will you recruit volunteers for this project?

11. Will your project engage persons not normally asked to serve (please explain)?

12. Describe how you will track numbers of volunteers and volunteer service hours?

13. What supplies or resources are necessary to complete this project?

14. Describe the expected end result of your project:

15. Describe how you will know your project was a success:

16. Will your project collaborate with another organization or partner? ☐ Yes ☐ No
If yes, identify the partner and describe the partner role in the project:

C. Detailed Budget Summary (Be as detailed as possible)

- ✓ Please present the full budget for the project, highlighting other sources of funds, cash, and in kind donations.

ITEM	GRANT FUNDS REQUESTED	ADDITIONAL CASH & IN-KIND ANTICIPATED	SOURCE(S) OF OTHER CASH & IN-KIND	TOTAL FUNDS
<u>Project Materials</u>				
<i>Sub-total</i>				
<u>Transportation for Participants</u>				
<i>Sub-total</i>				
<u>Food, Beverages, and Venue or Material Rentals</u>				
<i>Sub-total</i>				
<i>Total</i>				

- ✓ Budget Narrative. Please describe why the funds requested are necessary for the success of this project. Describe other funding sources and how you plan on partnering with these sources to help build a sustainable project.